

Occupational Therapy Services

Definition: Occupational Therapy services are included in the MR/RD Waiver as an extension to the occupational therapy services included in the State Plan. In the State Plan, specified services are only available to Medicaid recipients who are under age 21. The MR/RD Waiver removes the age restriction, making the same occupational therapy services available to those who are over age 21 and enrolled in the Waiver. Therefore, the MR/RD Waiver cannot provide Occupational Therapy for children under the age of 21 [If a child needs additional Occupational Therapy that is not being provided by their school, then authorization can be obtained from a physician for additional Occupational Therapy **if** it is addressing different goals from the school **and** is being provided on different days of the week. This would be funded through State Plan Medicaid and would not be an MR/RD Waiver Service].

Occupational Therapy Services involve the treatment prescribed by a physician to develop, restore or improve functional abilities related to self-help, adaptive behavior and sensory, motor, postural, and emotional development that have been limited by a physical injury, illness or other dysfunctional condition. It involves the use of purposeful activity interventions and adaptations to enhance functional performance.

Occupational therapy services include:

- Evaluation - up to 2 every 12 months

- Therapy - up to 4 units daily; one unit equals 15 minutes

- Fabrication of Splints or Orthotics - up to 4 of each every 12 months

- Consultation - up to 5 every 12 months

NOTE: See the Medicaid Provider Manual for Private Rehabilitative Therapy Services for more information.

Providers: Occupational Therapists Licensed in South Carolina and enrolled with SCDHHS as an Occupational Therapy Service provider.

Arranging for the Services: If it is thought that a recipient may benefit from Occupational Therapy Services, then a specific description of the recipient's actions which lead you to that conclusion should be entered in the plan along with the recommendation for an Occupational Therapy evaluation. Once it is determined to be needed and entered in the plan, the listing of enrolled providers must be shared with the recipient or his/her family and he/she should be assisted as needed in choosing a provider. The offering of a choice of provider must be documented.

Once a provider is chosen, the Waiver Tracking System must be updated to reflect the addition of the evaluation (S31-one unit equals one evaluation). Once approved, Occupational Therapy Services Evaluation can be authorized using the **Authorization for Services MR/RD Form A-17 or A-18**. For recipients receiving MR/RD Waiver funded Residential Habilitation, Day Habilitation, Prevocation or Supported Employment, Occupational Therapy Services Evaluation must be authorized using the **MR/RD Form A-18** which instructs the provider to bill the DSN Board for services rendered. The **MR/RD A-17** must be used for all other recipients. The form **MR/RD Form A-17** instructs the provider to bill Medicaid for services rendered.

Once the evaluation is completed, therapy or the fabrication of splints/orthotics may be recommended. If therapy is recommended, the therapist should provide specific information about the goal of the

therapy, the frequency with which it is recommended, and the expected duration. This information must be included in the recipient's plan and added to the Waiver Tracking System. (S14-one unit equals 15 minutes of service). After updating the plan and obtaining approval, the therapy can be authorized using the **Authorization for Services MR/RD Form A-17 or A-18**. The **MR/RD Form A-18** must be used for any recipient who receives Waiver funded residential habilitation, day habilitation, or prevocation. The **MR/RD Form A-18** instructs the provider to bill the DSN Board for services rendered. The **MR/RD Form A-17** must be used for all other Waiver recipients and instructs the provider to bill Medicaid for services rendered.

If the evaluation reveals the need for the fabrication of splints or orthotics, the plan and Waiver Tracking System must be updated as previously described and the **Authorization for Services (MR/RD Form A-17 and A-18)** must be completed as described above (appropriate units for these services are included on the Authorization for Services form and should be used when entering the request on the Waiver Tracking System).

If occupational therapy services are being provided and consultation with the recipient, his/her family, teacher, residential staff or other people is needed, this can be funded through the Waiver. The need for the consultation must be documented in the plan and the Waiver Tracking System updated and approved, then the consultation can be authorized using the **Authorization for Services (MR/RD Form A-17 and A-18)** as described above.

Monitoring the Services: You must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the recipient's/family's satisfaction with the service. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. The following criteria should be followed when monitoring Occupational Therapy Evaluations and Services.

Occupational Therapy Evaluation

- Within two weeks of completion

Monitorship of this service should occur with the individual/family and the service provider. Monitorship must include review of the evaluation report and notes completed by the provider. Some items to consider during monitorship include:

- What are the recommendations from the evaluation?
- If therapy is being recommended, is the person expected to increase his/her functional level or are the recommendations aimed at maintenance activities?
- Was any equipment, splints, etc. recommended?
- If therapy is being recommended, what amount is needed and how often?

Occupational Therapy

- At least monthly for the first two months
- At least quarterly thereafter
- Conversation with recipient or family/caregiver at least every six months
- Start over with each new provider

Monitorship of this service may occur with the individual/family or service provider. Monitorship may also occur during review of evaluation reports or progress notes completed by the provider. Some items to consider during monitorship include:

- Are the types of activities specified in the evaluation being completed with the individual?
- Are the goals and objectives of therapy consistent with the individual's overall life goals?
- Is the individual satisfied with his/her current therapy?
- Does he/she feel that the provider is responsive to his/her needs?
- Does he/she feel that there is a good relationship with the therapist?
- Does the individual appear to be making significant progress towards the goals and objectives outlined in therapy?
- Are the goals and objectives amended, as the individual's needs change?

Reduction, Suspension, or Termination of Services: If services are to be reduced, suspended, or terminated, a written notice must be forwarded to the consumer or his/her legal guardian including the details regarding the change(s) in service, allowance for appeal, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). The general termination form that has been used in the past for all waiver services is no longer used. See *Chapter 9* for specific details and procedures regarding written notification and the appeals process.

**S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
MR/RD WAIVER**

**AUTHORIZATION FOR SERVICES
TO BE BILLED TO SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN
SERVICES**

TO: _____

RE: _____

Recipient's Name

/

Date of Birth

Address

Medicaid # / / / / / / / / / / / /

You are hereby authorized to provide the following service(s) to the person named above. Only the number of units rendered may be billed. Please note: This nullifies any previous authorization to this provider for this service(s).

Prior Authorization # / / / / / / / / / /

Occupational Therapy Services

_____ Evaluation: (one unit=1 evaluation)

_____ Therapy: Total Number of Units Per _____ to be Provided: _____
(one unit = 15 minutes) Start Date: _____

_____ Fabrication of (indicate number of units to be provided):

_____ Orthotic (six (6) units = one orthotic)

_____ Thumb Splint (five (5) units = one splint)

_____ Finger Splint (three (3) units = one splint)

_____ Consultation (one unit = one consultation)

Service coordinator/early interventionist: Name / Address / Phone # (Please Print):

Signature of Person Authorizing Services

Date

**S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
MR/RD WAIVER**

**AUTHORIZATION FOR SERVICES
TO BE BILLED TO DSN BOARD**

TO: _____

RE: _____

Recipient's Name

/

Date of Birth

Address

Medicaid # / / / / / / / / / / / /

You are hereby authorized to provide the following service(s) to the person named above. Only the number of units rendered may be billed. Please note: This nullifies any previous authorization to this provider for this service(s).

Occupational Therapy

_____ Evaluation: (one unit=1 evaluation)

_____ Therapy: Total Number of Units Per _____ to be Provided: _____
(one unit = 15 minutes) Start Date: _____

Fabrication of (indicate number of units to be provided):

_____ Orthotic (six (6) units = one orthotic)

_____ Thumb Splint (five (5) units = one splint)

_____ Finger Splint (three (3) units = one splint)

_____ Consultation (one unit = one consultation)

Service coordinator/early interventionist: Name / Address / Phone # (Please Print):

Signature of Person Authorizing Services

Date